Nov. 3. 200	15 10:55 AIM OEN	THE OF HOM	100 <b>FEE(S</b> )	TRANSMI	TTAL	No. U	790 P. 2		
Complete and send t	this form, together wit	<i>-</i> \	fee(s), to: <u>N</u>	Mail Mail Com P.O. Alexa	Stop ISSU missioner f Box 1450	E FEE or Patents ginia 22313–1450			
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  25748 7590 08/05/2005  CELERA GENOMICS  ATTN: WAYNE MONTGOMERY, VICE PRES, INTEL PROPERTY  45 WEST GUDE DRIVE					Note: A certificate of mailing can only be used for domestic mailings of the Foe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
C2-4#20					(Depositor's name)				
ROCKVILLE, MD 20850					(Signature)				
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	INVENTOR		ATTORNEY DOCKET NO.   CONFIRMATION NO.			
10/660,763	10/660,763 09/12/2003			u Gan	•••	CL001183DIVII 7422			
TITLE OF INVENTION: IS	OLATED HUMAN KINAS	e proteins, n	UCLEIC ACI	D MOLECULES	ENCODING	Human Kinasb Pro	TEINS, AND USES	THEREOF	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICAT	JON FEE	TOTAL FRE(S) DUE	DATE D	-UE	
nonprovisional	nonprovisional NO \$14		0	\$30	00	\$1700	11/07/2	005	
EXAMINER ART U			TT CLASS-SUBCLASS						
MONSHIPOU	3 435-069100								
1. Change of correspondence CFR 1.363).  Change of correspond Address from PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
	RESIDENCE DATA TO BE				<del></del>				
	an assignee is identified bel 37 CFR 3.11. Completion of	ow, no assignee f this form is NO	data will appe T a substitute i	ear on the paten for filing an assi	t. If an assign gnment.	nee is identified below, a 1/03/2005 HDEMESSA	he document has be 2 00000016 5009	on filed for 70 1066076	
(A) NAME OF ASSIGNE APPLERA CO	B) RESIDENCE: (CITY and STATE OR COUNTRY) NORWALK, CT: 01 FC:1501 1400.00 DA  ; 02 FC:1504 300.00 DA								
	assignce category or categori	es (will not be pr	inted on the pa	itent): 🗖 Ind	ividual 🖎 Co	orporation or other privat	e group entity 🔲 G	iove <del>rnment</del>	
ia. The following fec(a) are enclosed:  4b. Payment of Fee(s):						,			
Issue Fee Publication Fee (No su	A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of	To Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 30-0970 (enclose an extra copy of this form).								
. Change in Entity Status	from status indicated above)		Deposit Acco	unt Number	0-0970	(enclose an ex	ra copy of this form)	<u> </u>	
a. Applicant claims SM	IALL ENTITY status. See 3		D b. Applica	nt is no longer o	laiming SMAI	LL ENTITY status. See 3	7 CFR 1.27(g)(2).		
he Director of the USPTO is NOTE: The Issue Fee and Pu nterest as shown by the recor	s requested to apply the Issue blication Fee (if required) wi ds of the United States Paten	Fee and Publicat Il not be accepted t and Trademark	ion Fee (if any I from anyone Office.	r) or to re-apply other than the ap	any previously oplicant, a regi	y paid issue fee to the ap stered attorney or agent;	plication identified alor the assignee or other	bovc. her party in	
Authorized Signature	Date November 3, 2005								
Typed or printed name		Registration No43,704							
	is required by 37 CFR 1.31; y is governed by 35 U.S.C. 1 dication form to the USPTO for reducing this burden, sho is 22313-1450. DO NOT SI 450, on Act of 1995, no persons a							to process) saring, and o complete serce, P.O. Box 1450,	
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